

# **FIRST RESPONDER Certification Skills Examination**

**(Please Print)**

**Candidate Name:** \_\_\_\_\_

LAST	FIRST	INITIAL
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**Exam Location** \_\_\_\_\_  
CITY

## Station #1

**STATION NAME: Patient Assessment/Management – TRAUMA**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed Signature Health Profession Cert Lic #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Examiner Printed Signature Health Cert Lic #  
(If witness Examiner used) Profession

Comments:

[illegible]

\*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

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LAST FIRST INITIAL

Exam Location \_\_\_\_\_  
CITY

### **Station #2**

**STATION NAME: Patient Assessment/Management - Medical**

Scenario # Drawn by Candidate: \_\_\_\_\_ \* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo day year [ ] Pass [ ] Fail

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #  
(If witness Examiner used)

Comments:

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CITY

### Station #3

**STATION NAME: Cardiac Arrest Management / AED**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed \_\_\_\_\_ Signature \_\_\_\_\_ Health Profession \_\_\_\_\_ Cert Lic # \_\_\_\_\_

Examiner <small>(If witness Examiner used)</small>	Signature	Health Profession	Cert Lic #
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Comments:

[illegible]

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**Exam Location** \_\_\_\_\_  
CITY

## Station #4

**STATION NAME: Apneic Patient – Bag-Valve-Mask; Assembly and Administration of Supplemental Oxygen**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed \_\_\_\_\_ Signature \_\_\_\_\_ Health Profession \_\_\_\_\_ Cert Lic # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Examiner Printed Signature Health Profession Cert Lic #  
 (If witness Examiner used)

Comments:

[illegible]

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**Exam Location** \_\_\_\_\_  
CITY

## Station #5

**STATION NAME: Spinal Immobilization - SUPINE PATIENT**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed Signature Health Profession Cert Lic #

Examiner (If witness Examiner used)	Printed	Signature	Health Profession	Cert Lic #
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Comments:

\*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

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**Exam Location** \_\_\_\_\_  
CITY

### Station #6-A: Random Skill Verification

**STATION NAME: Immobilization Skills - Long Bone Injury**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed \_\_\_\_\_ Signature \_\_\_\_\_ Health Profession \_\_\_\_\_ Cert Lic # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Examiner Printed Signature Health Cert Lic #  
 (If witness Examiner used) Profession

Comments:

[illegible]

\*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

## **FIRST RESPONDER Certification Skills Examination**

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Candidate Name: \_\_\_\_\_  
LAST FIRST INITIAL

Exam Location \_\_\_\_\_  
CITY

### **Station #6-B: Random Skill Verification** **STATION NAME: Immobilization Skills - Joint Injury**

Scenario # Drawn by Candidate: \_\_\_\_\_ \* Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo day year [ ] Pass [ ] Fail

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #  
(If witness Examiner used)

Comments:

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\*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

### **Station #6-C: Random Skill Verification**

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**(Please Print)**

**Candidate Name:** \_\_\_\_\_

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**Exam Location** \_\_\_\_\_  
CITY

**STATION NAME: Bleeding Control - Shock Management**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed \_\_\_\_\_ Signature \_\_\_\_\_ Health Profession \_\_\_\_\_ Cert Lic # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Examiner Printed Signature Health Cert Lic #  
 (If witness Examiner used) Profession

Comments:

[illegible]

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### Station #6-D: Random Skill Verification



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**Exam Location** \_\_\_\_\_  
CITY

**STATION NAME: Airway, Oxygen & Ventilation Skills**

Scenario # Drawn by Candidate: \_\_\_\_\_ \*      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [ ] Pass [ ] Fail  
Mo day year

Examiner Printed \_\_\_\_\_ Signature \_\_\_\_\_ Health Profession \_\_\_\_\_ Cert Lic # \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Examiner Printed Signature Health Cert Lic #  
 (If witness Examiner used) Profession

Comments:

[illegible]

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LAST FIRST INITIAL

Exam Location \_\_\_\_\_  
CITY

### **Station #6-E: Random Skill Verification** **STATION NAME: Mouth to Mask with Supplemental Oxygen**

Scenario # Drawn by Candidate: \_\_\_\_\_ \* Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo day year [ ] Pass [ ] Fail

\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #

\_\_\_\_\_  
Examiner Printed Signature Health Profession Cert Lic #  
(If witness Examiner used)

Comments:

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